TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

04325 CERTIFICATE	E OF DEATH (14321)
1. PLACE OF DEATH 1 COUNTY Queen Anne MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. SMERYLand Queen Anne
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Queenstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE ON A FARM? YES \(\text{V} \)
3. NAME OF First Middle DECEASED (Type or print) Willard Harmon Coll	Lien 4. DATE Month Day Year User Death March 20 19 66
	3. DATE OF BIRTH 1890 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS April 24, 1888 75 76 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Waryland USA
13. FATHER'S NAME William Henry Collier	14. MOTHER'S MAIDEN NAME (hristine Summers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 20-01-6321	s. Edith Collier-Queenstown, Maryland
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CHARLES TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CHARLES TO	heart disease many years quotal chronic rephrois years TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PREED. (Enter nature of Niver in Part 11 of Item 18.)
	CF OF INJURY (Home, farm.) 20f. (City or town) (County) (State)
p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from	death occurred at 2 P. M, from the causes and on the date stated above ATTENOING MED. DIRECTOR PHYS. 22d. ADORESS Stevensville, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (SOCIETY) March 23 Stevensvil 24. FUNERAL DIRECTOR ADDRESS	OR CREMATORY 23d. LOCATION (City, town or county) (State) Le Stevensville Manufand 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Edgard . Lane Church Hill, Mary	cland DAMAR 29 1968 Icharles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

255 To the second second Int Blan Laboration in the second of th 7. 1 6.12 7. AND THE RESIDENCE OF THE PROPERTY OF THE PROPE and the state of t All Carried And Annual Control of the Control of th products of deposits of supplies,

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and 2 death. death, I in by the fu s. Pages 1 hours after o after ve carbon papers. event, within 72 h filled completely i within executed and con any physician a in please a val, and m certificate be removal, transit permit. been signed by unit the burial-transit rior to burial, cremati attending physician. prior has S for use Health PHYSICIAN: The certificate detached for the Dept. of I Dept. this the After pe retained P the DIRECTOR: shoul 3 sho pe page 4 may TO HOSPITAL TO FUNERAL be director, should be

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CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY. b. COUNT MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and glyernearest town) c. CIPA OR TOWN (if quitside, corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b BRASONVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO P YES 3. NAME OF First Middle DATE 4. Month Day Year DECEASED OF (Type or print) DEATH 19 0 SEX 6. COLOR OR RACE DATE OF BIRTH 8. AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 7. MARRIED NEVER MARRIED 9. last birthday) Months Days Hours 20.189 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during post of working life, even if retired) INDUSTRY HOME HOUSEWITZ 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SCIAL SECURITY NO. INFORMANT 17. Address (Yes, ne. for unkown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: muan 26 rance IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which rise to immediate DUE TO (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO DA 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING DE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of theory in Part I or Part II of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 1962. 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22h. ATTENDING M.D. PHYS. DIRECTOR PHYSICIAN'S 22c. 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, CEMETERY OR CREMATORY LOCATION (CI (State) or county REMOVAL (Specify) BURIA FUNERAL DIRECTOR

18814 and the same of th the thing is a second of the second of the second and the same of th Security of the control of the contr LANGUE AND THE REAL PROPERTY. Called Annual Called many the state of MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U4327 CERTIFICAT	E OF DEATH	04322
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution	Residence before admission
WILERN ANNE MARYLAND		SEN DUNKE
b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1) write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL a	and give nearest town)
CUREN ANNE LEFE	G'LLEENANNE	17-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
		YES NO
3. NAME OF First Middle	Last 4. DATE Month	Dey Yeer
(Type or print) VIRGIA MARY	SEGAR DEATH MAR	6 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDE	RI YEAR IF UNDER 24 HRS.
WIDOWED TO DIVORCED TO	Oct 5, 1893 Hosthiay Month	Deys Hours Min.
100. USUAL OCCUPATION Give kind of work 106. KIND OF BUSINESS OR INDUS		TITIZEN OF WHAT COUNTRY
done during mest of working life, even if retired)	MARILLAND	ush
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	V 0//
CEORGE PEPPER	FMM & BUTLE	R
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17	. INFORMANT Address	1 1 - 1
(Yes, no. phkown) (Ifyes giva war or dates of service)	DAWSON SEGAR QUEE	MANNE MY
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	tailune	ONSET AND DEATH
443X DUETON		100
Conditions, if any, which ? (b) Was a views	sill solinsoll- aites Den	east 2 wes
gove rise to immadiate cause	A C Carain - austrandi Dis	1
(a), stelling the underlying Due (c) a ve langer T	neumlineis () Homildea	in of mis.
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH U [IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCU		YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (C	ounty) (Stelle)
Hour e.m. While Not While	factory, street, office bldg., etc.)	(51014)
		11
21. I certify that (I) (this hospital) attended the deceased from		
saw the deceased alive on M. O. 19 loke, and the	at death occurred at A Wirem the causes and on	
220. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNE
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	
NAME (Type) Dawson O. GeorgeM	0. Design ma may	ddp1-1-
236 BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETER	OR CREMATORY 23d, LOCATION (City, town or cou	nly) (Slete)
1940 A 1966 () BNTON	1/ DENTON	19.
24 FUNERAL DIRECTOR'S SIGNATURE	25a. REC'D BY REGISTRAR 25b. REGISTRAR"	SSIGNATURE
1121(C3 L MOON O V) B70 V	11 1966 Clian	en Judge

Minley Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages I and 2 should be filled by the filled be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04328	CERTIFICATE OF DEATH	114323	
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	tesidence before admission)	
	alvi	EN ANNES MARYLAND B. STATE MARYLAND B. COUNTY DE	EN HNNES	
	write RURAL an	(if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL divergences town)	and give nearest town)	
	ENTRE	EVILLE All her LIFE CENTREVILLE	17-1	
	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?	
3.	NAME OF	First Middle Co. Last 14 DATE Month	YES NO	
	OECEASED (Type or print)	EVALUE BRUAN Whiteley DEATH MARCH	Day Year	
5.	SEX 6.	COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNOER last birthday) Months	Days Hours Min.	
E	Emple	White WIDOWED OVORCED DEC. 30, 1886 79 yrs.		
dur	Ing most of working		ITIZEN OF WHAT	
13.	FATHER'S NAME	E Home Extreville With Co. III a. L	13,14,	
10	TATHER'S HAME	14. MOTHER'S MAIDEN NAME		
15	WAS DECEASED EVE	RIGHTSON DRUAN SIGNEY LAVIS ER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		
(Ye	s, no, or unkown) (11	Tyes give war or dates of service) 215-05-36467 MRS Sheldod Blades Eastow. 1	Maruland	
-	18. CAUSE DE DEA	ATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	
	PART I. DEATI	H WAS CAUSED BY:	ONSET AND OEATH	
	260 X	OUE TO OUE TO	- B 1 (1-0.32)	
	Conditions, If any	y, which) (b) (breeze oscherolice tent Greece	8 years	
	gave rise to Im cause (a), stati		Sim	
2	underlying cause 1		J (
CERTIFICATION	PARTIL OTHER SIGI	NIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
TE	20a. ACCIDENT WA	AS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part of Item 18.		
CER	OR CONTRIBUTING	CAUSE OF DEATH Y MEDICAL EXAMINER)		
CAL		URY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)	
MEDICAL	Hour a.m. p.m.	While Not While factory, street, office bldg., etc.)		
			that (I) (we) last	
	saw the decea	ased alive on May 15 1966, and that death occurred at 90 M, from the causes and on the	he date stated above.	
	22a. SIGNATURE	M.O. ATTENOING MEO. DIRECTOR PHYS. 3	ATE SIGNEO	
	22c. PHYSICIAN'S NAME (Type)	S 1 122d CAODRESS		
23a		TON, 24b. DAJE THEREOF 20c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or can	inty) (State)	
(:	REMOVAE (Soecif	" March 19 1964 Woodland MEmorial Park Talbot County 11	aryland	
24. FUNERAL DIRECTOR ADORESS A MO 25a. REC'O BY REGISTRAR'S SIGNATURE				
7	my 19. Bon	tong Dailon Bir Continuelle, Mill, DAMBAR 21 1968 galland	en Judge	

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